



HEALTH

Center for Domestic and International Health Security

# **Impact and Effectiveness of NVAC**

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## ***There is Concern that NVAC is Not Achieving its Potential in Influencing Policy and Practice***

- **Frustration noted by all NVAC stakeholders**
  - **Question whether and how recommendations or other contributions are being used**
  - **No process in place for monitoring impact**
- **Issue is not unique to NVAC**
  - **GSA Advisory Committee Engagement Survey, 2004, noted widespread frustration among advisory committee members**

# ***NVPO Requested an Evaluation of the Impact and Effectiveness of NVAC***

- **Assess NVAC in terms of:**
  - **Environment in which it operates**
  - **Structure**
  - **Process**
  - **Output**
  - **Impact**
- **Identify strategies for increasing effectiveness**

# ***Outline***

- **Analytic Approach**
- **Findings**
  - **Context and Environment**
  - **NVAC Process**
- **Strategies for Increasing the Effectiveness of NVAC**

# *Outline*



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## ***Study Uses Multi-pronged Approach***

- **Review of literature on advisory committees**
  - **Identify characteristics related to effectiveness**
  - **Search of electronic databases (e.g., Medline, Google Scholar)**
- **Develop a conceptual model for NVAC**
  - **Organize the evaluation**
- **Review of NVAC recommendations**
  - **Document recommendations made since 1998**
  - **Characterize in terms of target, level of detail, and measurability**
- **Key informant interviews (N=26)**

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# ***Logic Model for Achieving NVAC's Goals Organized the Evaluation***

Policy Climate  
Mission

HHS Governance Structure  
Vaccine & Immunization System

## **Inputs**

Membership, Funding, NVPO Staff, HHS Priorities

## **Activities**

Topic Selection, Development of Policy Options,  
Dissemination, Follow up

## **Outputs**

Recommendations, Reports, Papers, Standards

## **Customers**

OS/ASH, NVPO, HHS Operating Divisions,  
Congress, Stakeholders

## **Short term Outcomes**

Changes in Policy & Practice

## **Long term Outcomes**

Optimal Prevention of:  
1) Human Infectious Diseases  
2) Adverse Reactions to Vaccines



# *Getting to the Intended Outcomes Requires Action by NVAC & Many Other Parties*

Policy Climate    HHS Governance Structure  
Mission        Vaccine & Immunization System

## **Outputs**

Recommendations, Reports, Papers, Standards



## **Customers**

OS/ASH, NVPO, HHS Operating Divisions,  
Congress, Stakeholders



## **Implementation**

Program Changes, Funding Changes,  
New Regulations, New Programs, etc.



## **Short term Outcomes**

Changes in Policy & Practice

## **Long term Outcomes**

Optimal Prevention of:

- 1) Human Infectious Diseases
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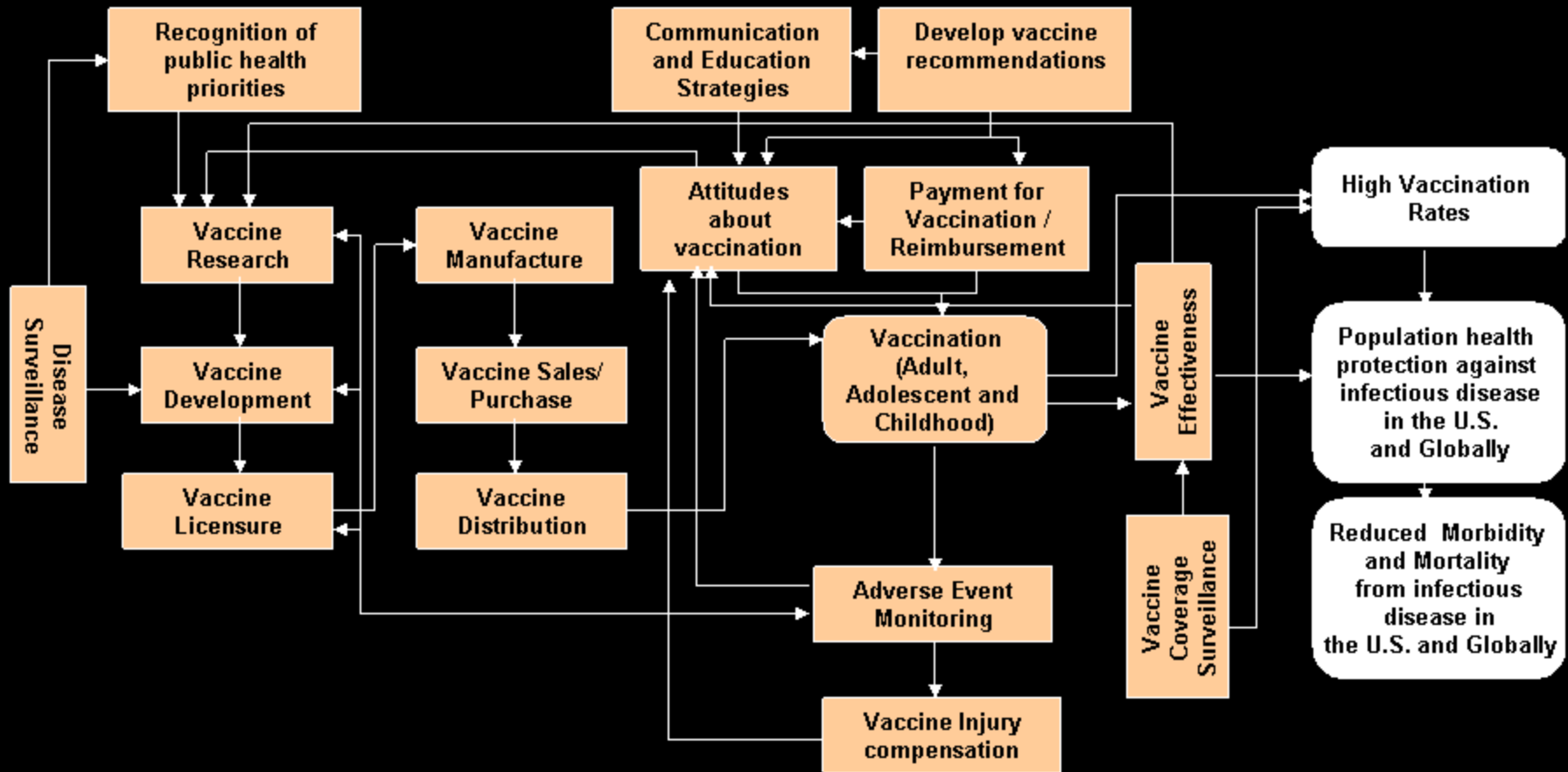
## ***Effectiveness Related to the Context and Environment in Which NVAC Operates***

- **Factors outside of NVAC's immediate control**
  - **Mission**
  - **HHS governance structure**
  - **Policy environment**
  - **Existing vaccine & immunization enterprise**

## ***NVAC's Mission is Broad***

- **To advise the Director of the National Vaccine Program (the ASH) on the entire range of vaccine and immunization policy issues**

# ***NVAC Recommendations Touch on All Elements of the Vaccine and Immunization Enterprise***



# ***Broad Mission Can Create Problems***

- **Lack of focus**

**“I think we’ve never really had a mission statement to help us focus on what we can do and where we can make the biggest difference to hone in on 3 or 4 different things and achieve them.”**

- **Overlap and need for coordination with other advisory committees, especially ACIP**

**“I think that there’s no real clarity between what NVAC is responsible for and what ACIP is doing. There’s confusion among the scientists and among parents and people that are vaccine-hesitant. ”**

# ***HHS Governance Structure Hinders Implementation of NVAC Recommendations***

- **NVAC transmits recommendations to the ASH**
  - **ASH is the Secretary's representative**
- **Implementation is function of many factors**
  - **Interest and longevity of OS/ASH**
  - **Reliance on influence to affect change**
    - **Does not have budgetary or line authority over agencies**
    - **Calling meetings, bringing people together to get something done**
  - **Influence hindered by several factors**
    - **Amount of time and effort it requires**
    - **Limited infrastructure at NVPO**
    - **Limited resources to fund research and analysis**

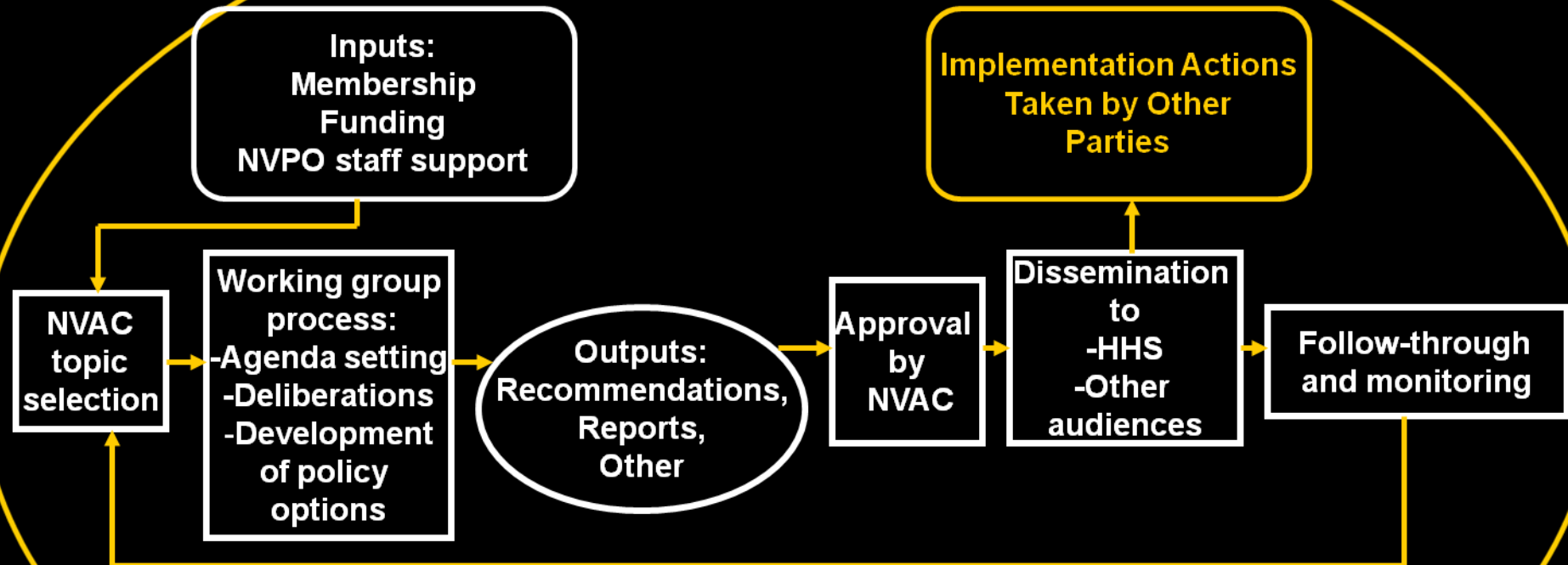
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# *Effectiveness Related to Internal NVAC Structures, Processes, and Outputs*



**External factors: HHS governance structure, current policy climate, NVAC's mission, existing vaccination and immunization system**

# ***Gaps in Representation May Reduce NVAC's Effectiveness***

- **Consensus that NVAC members are highly qualified**
- **Gaps in representation were noted**
  - **Public is underrepresented**
    - **Single member can't fairly represent the diversity of public perspectives and concern**
  - **Lack of expertise in policy and economics**
    - **Necessary for developing policy recommendations**
  - **Lack of expertise in communications**
    - **Critical for effective dissemination and implementation**

# ***Inadequate Funding for NVPO Limits the Impact of NVAC***

- **NVAC is supported by the National Vaccine Program Office (NVPO)**
- **Consensus among stakeholders that NVPO is underfunded and understaffed**
  - **Hinders their ability to support:**
    - **NVAC work processes**
    - **Assessment of NVAC recommendations**
    - **Implementation planning and follow-through**
    - **Independent research and analysis**

# ***NVAC Would Benefit From Sustained Input and Commitment from HHS Secretary***

- **ASH serves as the Secretary's representative**
- **Communication with OS/ASH can help ensure the selection of topics in line with HHS priorities**
  - **Historically, there has been little to no input from the OS/ASH on priority issues**
  - **Without such input recommendations may not be relevant**
- **Leadership from NVPO can provide strategic direction for NVAC**
  - **Many felt this is often lacking**
  - **National Vaccine Plan is a step in the right direction**
- **Still, stakeholders felt that NVAC typically addresses the most important vaccine and immunization issues**

## ***Bulk of NVAC's Work Conducted in Temporary, Topic-Specific Workgroups***

- **Allows flexibility to address highest priority issues**
- **Can be very time intensive and requires substantial support from NVPO**
  - **Workgroup members noted being surprised by the amount of time required**
  - **Many noted that NVPO staffers are stretched very thin**
- **Workgroups often include a broader spectrum of stakeholders**
  - **Generate recommendations that reflect a range of perspectives**
  - **Some concern that to reach consensus recommendations are watered down**
    - **Recommending incremental changes instead of big ideas**
  - **Others interpret this as increasing the feasibility of the recommendations**

# ***Move Toward Greater Public Engagement Could Increase Effectiveness***

- **Public engagement is important for gaining a better understanding of the range of perspectives and concerns**
  - **Improves relevance and feasibility of recommendations**
- **NVAC has substantially increased public engagement efforts in recent years**
  - **Vaccine Safety Workgroup efforts noted by many as a model for future workgroups**

**“The work of the Vaccine Safety Workgroup has been very uniquely different in terms of transparency and public engagement. It is a great accomplishment.”**

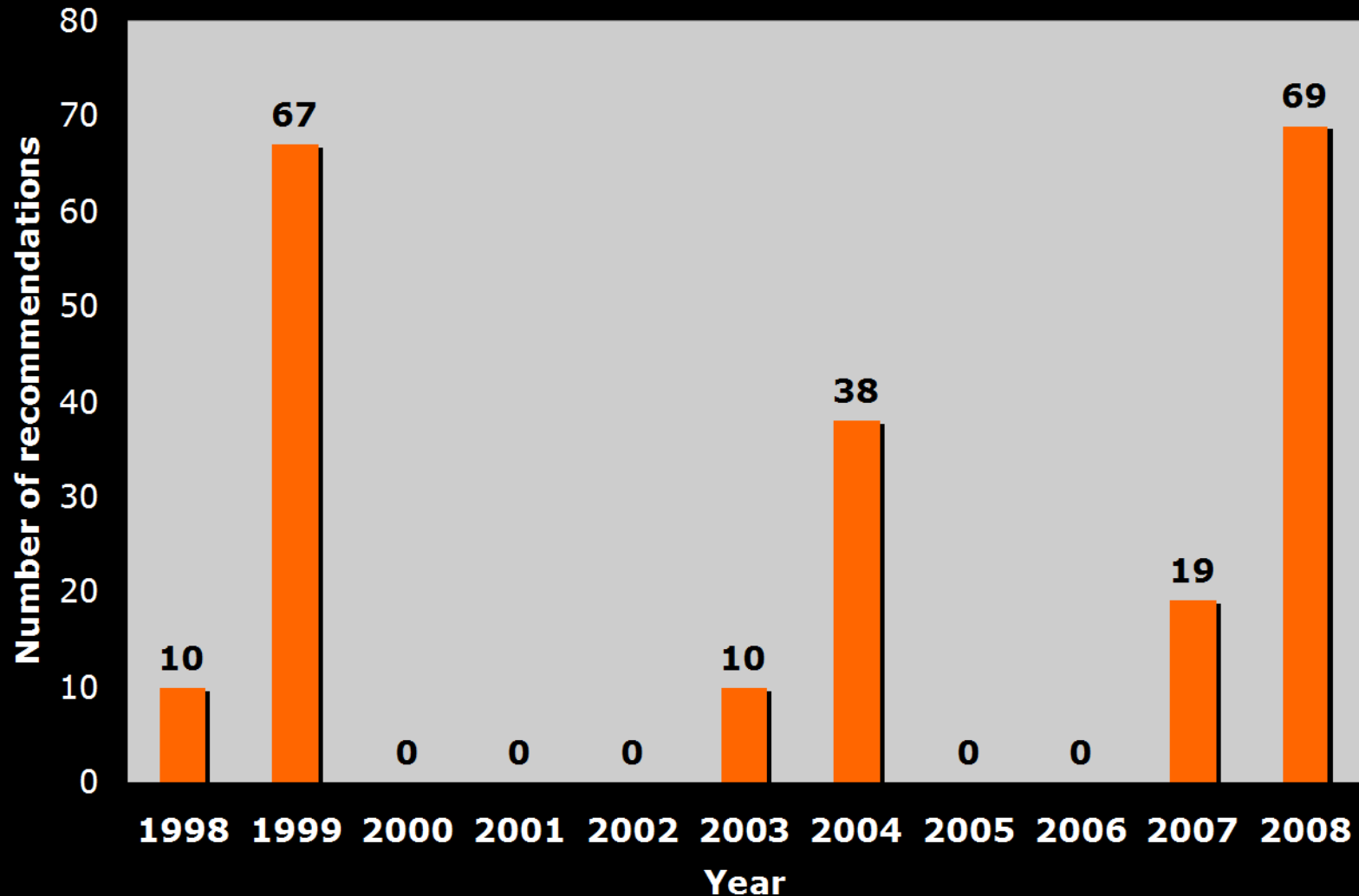
# ***NVAC Produces a Range of Outputs That Can Affect Policy and Practice***

- **NVAC outputs go beyond recommendations**
  - **E.g., reports, journal articles, standards**
  - **Many such products identified among those having the greatest impact**
    - **Standards for immunization practice**
      - **Filled an important gap for clinicians**
    - **Measles White Paper**

**“It did an analysis of why measles was recurring, came up with a diagnosis, and included a comprehensive list of recommendations.”**

**“I think the reason the Measles White Paper was so successful is not that the document itself was the greatest thing since iced tea, but that there was a prepared way to use it.”**

# ***RAND Reviewed 213 Recommendations Issued Between 1998 and 2008***





# ***Value of Recommendations is Limited If All Relevant Criteria are Not Considered***

- **NVAC provides policy recommendations**
  - **Must balance scientific considerations with social, ethical, economic, and practical issues**
  - **Some stakeholders felt NVAC weighs too heavily on the science**
    - **Frustrated trying to turn the discussion to issues of infrastructure, feasibility, equity, and cost**
    - **Impact is limited if recommendations are not feasible**

## ***Characteristics of Recommendations Are Related to Implementation***

- **Effective recommendations are clear, focused, well-defined, actionable, and relevant**
  - **Review of NVAC recommendations suggests many fall short**
    - **Substance is generally very good**
    - **Some noted lack of focus**
      - **Important recommendations are lost in lengthy reports**
    - **Many recommendations are not actionable or easily measured**

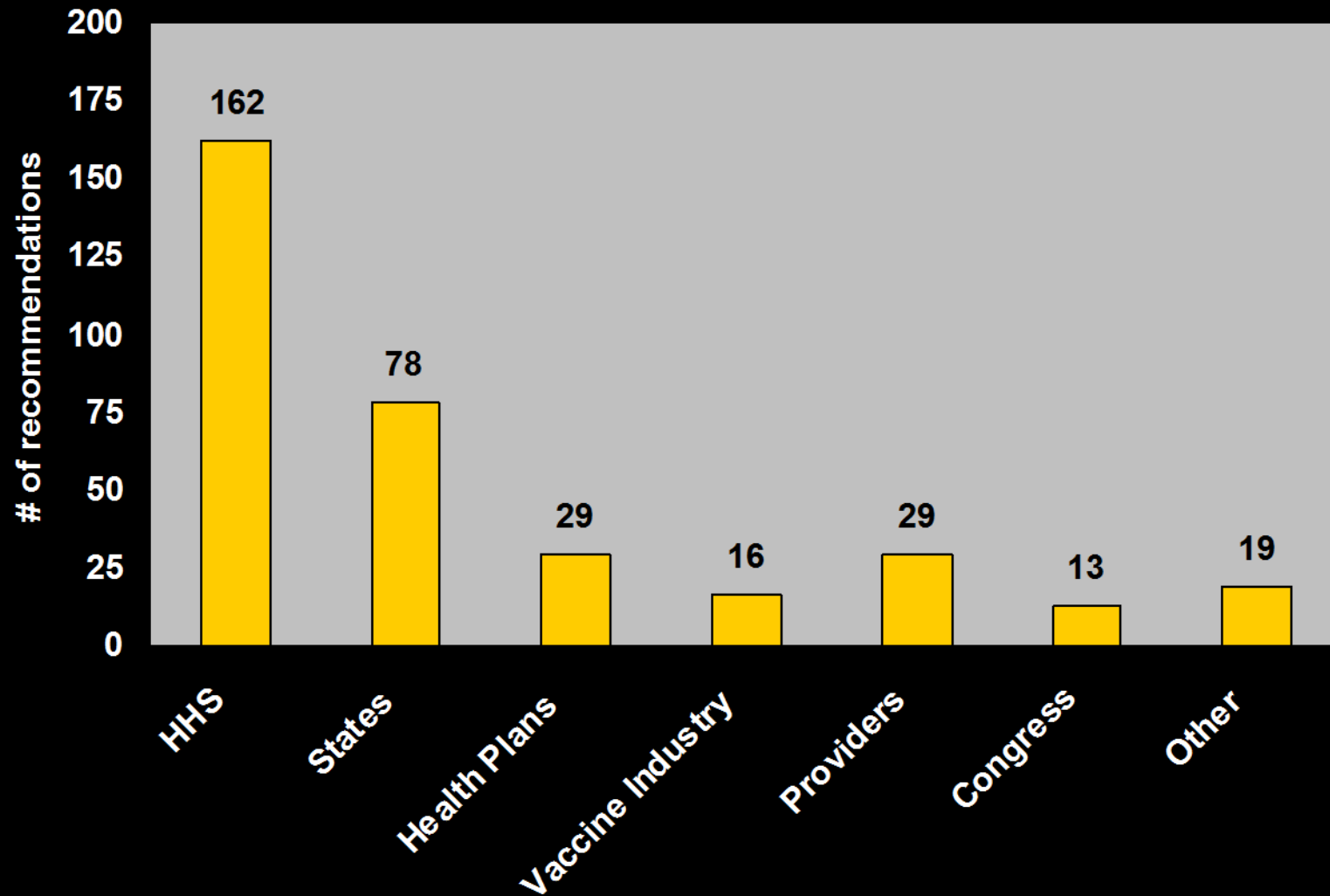
# ***Review of Recommendations Shows Many are Not Specific and/or Measurable***

**“The CDC and state and local immunization programs should focus resources on underimmunized populations at risk of vaccine- preventable diseases.”**

**“The safety and efficacy of new vaccines should continue to be evaluated.”**

**“Increase the rate of annual influenza vaccination among health care workers”**

# *Implementing Recommendations Requires Actions by Other Parties*



# ***Many Recommendations for HHS Are Not Acted On***

- **OS/ASH is the primary audience for NVAC**
  - **Transmit recommendations in a letter**
  - **Very often NVAC does not receive any substantial feedback**

**“I’ve been frustrated that we’re talking to no one in particular a lot of the time. There’s no sense that anyone above the NVPO is particularly interested.”**

- **Inaction may reflect lack of interest**
  - **Recommendations not addressing HHS priority issues**
- **But, may also reflect other issues**
  - **E.g., actions required, feasibility, priorities**

# ***Recommendations For HHS Require Different Actions, Varying in Complexity and Level of Effort***

Change can be made right away (e.g., incremental program change)	 Increasing Complexity & Level of Effort
Change requires additional funds	
Change requires new regulations	
Change requires new regulatory authority or other legislation	

- **Need to clearly lay out the value of implementation**
  - Relative to other options
- **Case for action has to be more compelling as complexity and level of effort increase**

# ***Promoting Implementation of Recommendations Requires Effective Dissemination to Audiences Outside of HHS***

- **Communication serves several purposes**
  - **Promote implementation by informing providers, health plans, etc. about recommendations targeted at them**
    - **Need to make a compelling case for action**
  - **Generate support for recommendations targeted at HHS**
- **Mechanisms used include the NVAC website, reports, and journal articles**
  - **Noted lack of press coverage, in contrast to ACIP**
- **Many felt dissemination efforts were not effective**

**“I am continually struck that NVAC is pretty invisible. You can’t just stick [recommendations] in a journal, clinicians aren’t going to read it.”**

## ***HHS Can Facilitate Implementation of Recommendations Targeted at Stakeholders***

- **Use influence to foster implementation**
  - **Engage stakeholders**
  - **Make the case for action**
  - **Signal that HHS values their contributions**
  - **Promote shared accountability**

**What power the ASH does have is the pulpit.”**



# ***NVAC's Work Should Not End With Dissemination***

- **Follow through and monitoring are critical**
  - **Foster accountability**
  - **Assist in measuring the impact of NVAC**
- **Historically, little effort allocated to these activities**
- **NVAC has made an effort to improve**
  - **Develop implementation plans along side recommendations**
  - **One-year follow up at NVAC meetings**

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## ***Strategies for HHS***

- **Through the ASH, provide input, at least annually, to NVAC on highest priority vaccine and immunization issues for HHS**
- **Through the ASH, provide feedback, at least annually, to NVAC on recommendations with regard to:**
  - **Usefulness (e.g., clear, actionable, relevant)**
  - **Which ones will be pursued and what actions will be taken**
  - **Reasons for not taking up others**
- **Take an active role in facilitating the implementation of recommendations targeted at stakeholders (e.g., vaccine industry, health plans)**
  - **Convene meetings, make the “ask”**

## ***Strategies for HHS (cont.)***

- **Consider changes in composition of NVAC membership**
  - **Increase public representation**
  - **Increase expertise in policy and economics**
  - **Increase expertise in communications**
- **Ensure membership selection process is free of politics**
- **Improve coordination between NVAC and other vaccine-related advisory committees, particularly ACIP**
- **Provide greater resources for NVPO**
  - **Staffing**
  - **Funds to support research and analysis**

# ***Strategies for NVPO***

- **Provide more strategic direction to NVAC**
  - **Have quarterly meetings with ASH and NVAC director to set agenda**
- **Improve follow through efforts**
  - **Work with OS/ASH to develop implementation plans**
- **Leverage “Unmet Need” funds to facilitate implementation of NVAC recommendations**
- **Develop and provide NVAC with guidance for producing effective recommendations**
  - **Characteristics of recommendations**
  - **Criteria to be considered**
- **Make NVAC website more comprehensive and user friendly**

# ***Strategies for NVAC***

- **Proactively seek input through annual meetings with OS/ASH regarding priority vaccine and immunization issues**
- **Think strategically about how to reach intended audiences and effect change**
  - **Be more selective; make fewer recommendations**
  - **Craft recommendations that are actionable**
  - **Provide a clear assessment of the value of implementation**
    - **Relative to other options**
  - **Make reports more accessible and user friendly**
  - **Identify new methods for dissemination**
  - **Identify and foster “champions” within stakeholder groups to promote uptake of NVAC recommendations**

## ***Strategies for NVAC (cont.)***

- **Increase follow through and monitoring**
  - **Monitor status of recommendations on a regular basis**
    - **Maintain a comprehensive list of recommendations with information on the status of implementation**
    - **Update the list at least annually**
  - **Seek feedback and status report from OS/ASH at least annually**

***Thank You!***

***For more information or to provide feedback,  
please contact me:***

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